RECOMMENDATION FOR AWARD

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice Employee Performance File System Records (June 19, 2006, 71 FR 35347). **AUTHORITY**: Sections 1104, 3321, 4305, and 5405 of title 5, U. S. Code, and Executive Order 12107. **PRINCIPLE**: Written recommendations for awards, removals, demotions, denials of within-grade increases, reassignments, training, pay increases, cash bonuses, or other performance-based actions (e. g., nominations of SES employees for Meritorious or Distinguished Executive), including supporting documentation. **PURPOSE**: These records are maintained to ensure that all appropriate records on an employee's performance are retained and are available (1) To agency officials having a need for the information; (2) to employees; (3) to support actions based on the records; (4) for use by the Office in connection with its personnel management evaluation role in the executive branch; and (5) to identify individuals for personnel research. **ROUTINE USE**: To consider and select employees for incentive awards, quality-step increases, merit increases and performance awards, or other pay bonuses, and other honors and to publicize those granted. This may include disclosure to public and private organizations, including news media, which grant or publicize employee awards or honors. **DISCLOSURE**: Mandatory to process the award.

TO: _____ DATE (YY MMM DD): _____

(Approving Official)

In accordance with the reference, consideration for the award herein described is recommended for the employee(s) named below.

RECOMMENDED BY: _____ POSITION (Title, Location) AND NAME OF ACTIVITY _____

Employee (Name: First, MI, Last) PAYROLL NUMBER	POSITION (Title and Location)	GRADE	ANNUAL BASE PAY

1. BASIS FOR AWARD RECOMMENDATION

☐ ON-THE-SPOT ☐ SPECIAL ACT OR SERVICE

☐ TIME-OFF AWARD ☐ PERFORMANCE AWARD

☐ QUALITY STEP INCREASE

DATE(S) OF ACHIEVEMENT/PERFORMANCE

FROM (YY MMM DD): _____ AMOUNT OF AWARD _____

TO (YY MMM DD): _____ OR % OF SALARY _____

PERFORMANCE RATING _____ TIME-OFF AMOUNT (IN # OF HOURS) _____

2. ESTIMATE OF BENEFITS (For Special Act or Service Awards)

A. INTANGIBLE BENEFITS:	☐ SAFETY	☐ IMPROVED METHOD	☐ MORALE	☐ OTHER (SpecifY)
B. VALUE:	☐ MODERATE	☐ IMPROVED METHOD	☐ HIGH	☐ EXCEPTIONAL
C. EXTENT OF APPLICATION:	☐ LIMITED	☐ EXTENDED	☐ BROAD	☐ GENERAL

3. **DESCRIPTION OF ACHEIVEMENT/JUSTIFICATION:** (Keep short, but should clearly show exceptional acheivement of a contribution worthy of recognition. One or two lines is sufficient for On-The-Spot Awards.)

4. **ACTION BY APPROVING OFFICIAL**

AN AWARD IN THE AMOUNT OF ☐ $ AMT _____ ☐ # HOURS _____ ☐ QUALITY STEP INCREASE

☐ Approved. The recommended award meets current requirements.

☐ Disapproved. The recommended award does not meet current requirements

STATE REASON(S) FOR DISAPPROVAL:

NAME AND TITLE _____ SIGNATURE _____ DATE (YY MMM DD) _____

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